State of Wisconsin
Department of Natural Resources AN 3 1 2014
Private Water Systems Section - DG/2
dnr.wi.gov

# High Capacity, School or Wastewater Treatment Plant Well Approval Application

Form 3300-256 (R 7/05)

Page 1 of 6

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### DRINKING WATER & GW

Notice: Prior department approval is required for the construction, reconstruction or operation of a high capacity well or system of high capacity wells, a school well or a wastewater treatment plant well in accordance with Section NR 812.09(4)(a), Wisconsin Administrative Code. Personally identifiable information collected on this form, including such data as your name, address and phone number, will be used for management of department programs and is unlikely to be used for other purposes. This information will be addressable under Wisconsin's Open Records Laws, ss. 19.32 - 19.39, Wis. Stats.

Use this form to request an approval for installation of a well or wells on a high capacity property, seek approval to make other changes to a high capacity property or to modify a well on a high capacity property, as required by NR 812.09(4)(a), Wisconsin Administrative Code. Refer to definitions of high capacity well, high capacity property and high capacity well system on page 5.

This form is not intended to be used when seeking approval for construction or modification of wells serving water systems regulated under ch. NR 811, Wis. Adm. Code. Any water system serving 7 or more homes, 10 or more mobile homes, 10 or more apartments, 10 or more condominiums, or 10 or more duplexes is regulated under ch. NR 811, Wis. Adm. Code. See NR 811.01, Wis. Adm. Code for applicability requirements.

Applicant Information							
Application Prepared By (Name and Title)	Сомрану						
Breeze Gosham	Kobsets IRRIGATION & INC						
Street Address	City J State ZIP Code						
834 18th St	Chefek W1 34728						
Telephone Number Fax Number	E-Mail Address . ; (						
715-296-4211	hada 61@ hotmail.com						
Property Ownership Information							
Property owner, if different than applicant (Name of Person and Title)	Company						
Alules Kohlhson							
Street Address)	City State ZIP Code						
2004 Rlack HUE	CAUCIAIRE W1154701						
Telephone Number Fax Number	E-Mail Address						
715-834-2039							
Well Operator Information							
Well operator if different than owner (Name of Person and Title)	Company						
Green DRSON							
Street Address	City State ZIP Code						
1)2514 91.0th St	Elk Mound W1 54739						
Telephone Number Fax Number	E-Mail Address						
715-559-0367	Jarsongary 4 @ gmad. e.m						
Property Information							
The state of the state of the state of the property is already a	high capacity property. If the property is not designated as a high capacity						
property at the time of application, enter "NONE." NOTE: Find the file numb	nd nump installers. On the compact disk, see "File location" in red print in						
"Location" section. File number format is as follows: (1 or 2 digits for county)	- (1 digit for well classification) - (1 to 4 digits for addigited property met)						
County	High Capacity Well File No.						
Epu Claire UNION	(/0/						
Submittal Purpose							
Check all that apply:							
Install one or more new wells with a capacity greater than 70 ga							
Install one or more new wells with a capacity less than 70 gallor							
Replace one or more wells with a capacity greater than 70 gallons per minute.							
Replace one or more wells with a capacity less than 70 gallons per minute on a high capacity property.							
Reconstruct one or more wells with a capacity greater than 70 gallons per minute.							
Reconstruct one or more wells with a capacity less than 70 gallons per minute on a high capacity property.							
Increase pumping rate in one or more wells to a rate greater than previously approved.							
Request continued operation of high capacity wells after a change in ownership. (No application fee required.)							
Renew a previous approval that has expired.							
Well (or wells) will serve a school or wastewater treatment plan	t. See definitions on page 5.						
Other, explain							

Site	Statu	s Information								
and	the in	the site status using the internet or the compact disk of depart formation supplied by the property owner. Internet address is owing questions.	tmei dnr.\	ental well data that is issued to drillers and pump installers .wi.gov/org/water/dwg/dws.htm. Enter YES or NO for each						
YES	Has the property boundary changed since the most recent high capacity well approval was issued? If the property is not yet a high capacity property, check NO.									
	区	the test appropriate to the second was written?								
	沤	Has there been a change in well operator since the last approval was written?  If YES, name of current operator:  Date of change:								
	Will a proposed well be connected to a plumbing system that is supplied by other sources (other wells, municipal supply, etc.)? If YES, include a schematic drawing showing backflow protection.									
	Z.	Is a proposed well within 1,200 feet of a landfill? Determine if there are any landfills nearby, using the well information								
		Is a proposed well on a property that has a contaminated site Redevelopment Tracking System) Number here and specify i	? If f the	f YES, list the BRRTS (Bureau for Remediation and e site is open or closed:						
	Œ	Is a proposed well on a property that has a groundwater use number, as assigned to the contaminated site by the DNR res	restr medi	triction recorded on the deed? If YES, list the BRRTS liation and redevelopment program:						
	囡	Is a proposed well on a property that is listed on the department's registry of closed remediation sites for a groundwater use restriction? See compact disk or internet at <a href="maps.dnr.state.wi.us/lmf/dnrimf.jsp?site=brrts">maps.dnr.state.wi.us/lmf/dnrimf.jsp?site=brrts</a> . If YES, list the BRRTS Number here:								
	丒	Is a proposed well to be used for a public water supply syster water system* in the definitions section on page 5.	n tha	nat serves 25 or more people? See definition of a *public						
	Ø	Is a proposed well to be installed within a special casing area? Refer to the list of special casing areas that is published by the department and/or contact the regional DNR office.								
	Ø	Has the number of wells or pumping capacity in an existing well increased since the most recent high capacity well approval was issued?								
	K	Has the number of wells decreased since the most recent high capacity well approval? If the property is not yet a high capacity property, check NO.								
	X	Is a non-pressurized storage vessel (i.e. reservoir) other than a pond proposed or in use?								
	ί <b>Ø</b>	Will the well discharge directly to a storage pond?								
	Ø	Is a pressurized tank with a capacity greater than 1,000 gallons proposed or in use?								
	Æ	Is a proposed well within 1,200 feet of a quarry?								
	A	-Is a proposed well located in a floodplain or floodway?		ND 000 Mb-seeds						
		As any evicting well installations on the high capacity property out of compliance with Chapter NR 812, Wisconsin								
	Ø	Will the well be used as a source of bottled water?								
	区	Are you seeking a variance to construct a well that has a capacity of less than 70 gallons per minute to low capacity well construction standards?								
	区	is the property served by a community water system?								

													1,75		4 6	
Existing Well Information		. *.								٠		<u> </u>	. · .			:
Enter the following information or	all exis	ting v	vells (	on the	pro	perty, if n	nore th	an fou	r wel	ls, subm	it add	tional	shee	ts:		
Well Name Assigned by Well Owner (North Well, etc.):	1	)DA	<u>S</u>													
Well Number Assigned by Owner (001, 002, etc.):				·												
WI Unique Well Number or NA if no number:						****										
Permanent DNR High Capacity Well Number or N/A if none:														Market Hiller III		
Public Water System ID Number, if Public (if not public, NONE):																
Potable or Non-Potable Use:						·										
Type of Well (Irrigation, Industrial, Residential, etc.):								•								
Requested Average Water Usage per Day in Gallons:					T			•								
Requested Maximum Water Usage per Day in Gallons:			<del> · .</del>												-	
Seasonal? (April to October, Year Around, etc.):					T					······································					<u> </u>	-
Approved Pumping Capacity if Previously Approved (gpm):										. /						
Current Pump Type & Capacity (gpm):					T		•									
Proposed Pump Type & Capacity If Change Requested (gpm):																
Pump Discharge Type (Over Top of Casing Seal, Pitless, etc.):				·												
Discharge Location (Building Pressure Tank, Pond, etc.):			• • •								-					
Height of Well Casing Above Ground in Inches:												-				
Potential Contaminant Sources and Distance:								<u> </u>				<del>-</del>				
Well Loc; Quarter Quarter Section		1/4 o	f	1/4		1/4	of	1/4		1/4	of	1/4		1/4 c	of	1/4
or Government Lot Number				~~~	T						*					
Section or French Long Lot No.																
Township:	T			N	T			N	Т			N	Т			N
Range (Select E or W):	R		Пе		R		Пе	: 🗍 w	R		E	□w	R			≡ □w
Latitude (Degrees and Minutes)		0			<del>                                     </del>	0		,		0				0		
Longitude (Degrees and Minutes)		0			1	0			ļ	<u> </u>		1		0		
GPS Map Datum (WGS84,					┢		<u>i</u>									
WTM91, etc.) nclude as much of the following informivell construction record is attached, ap	ation as	practio	al for	wells to	hat d	o not hav	e well c	construc	tion r	ecords at	tached	to the	applic	cation, hov	vever	If the
Date of Construction:	Apriloci it i	10) 100			T	0110 01011	-	,		·7						
Drilled by (Name of Drilling Firm):					T								T			
Orilling Method(s) (Rotary, Percussion, Etc.)										·····						
Veil Depth in Feet:																
Ipper Enlarged Drillhole Diameter in Inches and Depth in Feet:	Inc	hes,		feet		inches,		feet		Inches,		feet		inches,		feet
ower Drillhole Diameter in Inches and Depth in Feet:	lno	hes,		feet		inches,		feet		inches,		feet		inches,		feet
Vell Casing Diameter in Inches and Depth in Feet:	inc	hes,		feet		inches,		feet		inches,		feet		inches,		feet
Vell Casing Material and Wall Thickness:	-											· .				
nnular Space Material Between Casing and Drillhole Wall:	-															
There a Well Screen (Y or N) If so,		•													_	

Proposed Well Information				
Enter the following information on	all proposed wells on the property, if more than two we	lls or alternate c	onstruction, submit	additional sheets
Well Name Assigned by Well Owne (North Well, etc.):	TERIGATION			
Well Number Assigned by Owner (001, 002, etc.):	201			
Well Loc: Quarter Quarter Section o French Long Lot Number	55, 1/4 of NE 1/4 of Section 20	1/4	1 of 1/4 o	of Section
or Government Lot Number				
Township & Range (Select E or V	V)T 27 N.R 10 DE 🛛 W	T	N, R	□ε □
Latitude (Degrees and Minutes)	44 . 48.432		0	
Longitude (Degrees and Minutes)	_91 . 36.607 .		0	
GPS Map Datum (WGS84, WTM91, etc.)				<u></u>
Type of Well (Irrigation, Industrial, Residential, etc.):	Type: Tekigation Potable Non-Potable	Туре:		Potable Non-Potabl
Drilling Method(s) (Rotary, Percussion, Etc.):	Runt Rotary			
	Depths that Are Expected During Drilling:	<u> </u>		
Material and Depth Interval:	100.561/ from 0' to /'		from	0' to
Material and Depth Interval:	SAND GRAVE ( from 1 to 35		from	' to
Material and Depth Interval:	Soft Spulstandrom 25 to 60		from	
Material and Depth Interval:	Firm Sandstone from 60 to 350		from	' to
Material and Depth Interval:	from 'to '			' to
Drillhole Diameter and Anticipated De	pth Intervals:	<u> </u>	from	10
Diameter and Depth Interval:	16" from 0 ' to 60 '		from	' to
Diameter and Depth Interval:	15" from 60 ' to 350 '		from	' to
Diameter and Depth Interval:	from ' to		from	' to
Permanent Casing or Liner Diameter	and Wall Thickness at Anticipated Depth Intervals:		110371	
Diameter and Wall Thickness at Depth Interval:	16 "diam/ 377" thick 0' to 60	" dlam/	" thick	0' to
Diameter and Wall Thickness at Depth Interval:				
Permanent Casing or Liner Material,	midiam/ "thick 'to ' f Used:	" diam/	" thick	' to
Casing Joints (Welded, T and C, etc.)	12)0/20			
Material and Weight	102020			
at Depth Interval: Material and Weight	145T771-33 H1 62   lbs/foot 0' to 60 1		/ Ibs/foot	0' to
at Depth Interval:	/ lbs/foot 'to '		/ lbs/foot	' to
creen Malerial, Slot Size in Inches and Depth Interval or N/A if none:	/ "/ ' to '		/ */	' to
Casing to Screen Joint (Welded, T and C, K Packer, etc.)				, <u>, , , , , , , , , , , , , , , , , , </u>
nnular Space Material Including Filter	Pack Material, If Uşed:	* · · · · · · · · · · · · · · · · · · ·		
Material and Depth Interval:	BENTONITE 1 0' to 60 '		7	0' to
Material and Depth Interval:	/ ' to '		<u>.</u> 1	' to
roposed Average Water Usage Per Day in Gallons:	720 000		<u>, , , , , , , , , , , , , , , , , , , </u>	
roposed Maximum Water Usage Per	120,000			
Day In Gallons: easonal? (April to October, Year	1440,000			
Around, etc.):	DPRIL to October			
oposed Pump Type & Capacity (gpm):	TURDINE			
scharge Type (Over Top of Casing Seal, Pitless Adapter or Unit):	OVER TOP			
scharge Location (Building Pressure Tank, Pond, etc.):	IRRIGATION PIPE			
stance and Direction to Nearest Public Utility Well & Well Name:	3mi Cast CAUClaire			
stance to Other Potential Contaminant Sources:	No.ve	, <u>, , , , , , , , , , , , , , , , , , </u>	-	
stance to Other Potential Contaminant Sources:	None			
ave Blank, for Department use only				
	•			

### Required Attachments

- Attach one of the maps described in A. or B., below. Plot the existing and proposed well locations on the map. For wells that have a Wisconsin Unique Well Number or a Permanent High Capacity Well Number, plot the well locations with one of those numbers.
  - A. Copy of a plat map with the property boundary clearly shown. If the property is contiguous with properties owned by the same owner in another township, include a copy of that township map too, showing the property boundaries. If the property owner listed on the plat map is different from the current owner, list the date or dates, that the current property owner purchased the property on the map.
  - B. Map of the property prepared by a licensed land surveyor and the property description as described by the surveyor.
- 2. Sketch map showing all of the following that are planned or exist within 300 feet of each proposed well: proposed well location; other wells; property boundary; wetlands; potential contaminant sources (septic tank and drainfield, petroleum storage tanks, sewer lines, etc.); buildings and north arrow. If no pertinent features to map within 300 feet of the proposed well, for example an irrigation well in the middle of a field, state that on the property map listed above and plot the well locations on that map.
- 3. Any well construction records available for existing wells on the property. Do not attach any well construction records for wells that are not on the property. If a Wisconsin Unique Well Number has not been assigned, write a well name or site well number on the record that correlates to the well name or number plotted on the maps.
- 4. For proposed wells with a capacity greater than 400 gallons per minute, include the performance curve or performance table that is provided by the pump manufacturer. If the pump will be a lineshaft turbine, provide a curve with the same rpm as the motor under full load and list the motor horsepower.
- If more than one well is connected to a common plumbing system, also provide a schematic drawing of the system showing method of preventing backflow. This sketch must include the well discharge (pitless, over top of casing sanitary seal); the water line from the well; pressure tanks; sampling faucets; check valves; backflow preventers; air gaps; manually operated valves; water meters; pressure switches for pumps; and any other pertinent fittings. This schematic drawing must also identify which of these components are buried or above ground. If there is more than one check valve within the well casing, include in-well check valves on the schematic.
- If reconstruction of an existing well is proposed, include a diagram of the current well construction and a diagram of the proposed construction.
- If the application is for a high capacity well or wells, a \$500.00 check payable to the Department of Natural Resources, unless the application is only for continued operation after a change of ownership. Certification and Applicant Signatures

If the application requests a variance for a well within 1,200 feet of a landfill, a well on a property with a groundwater use restriction, or any other variance to NR 812, Wis. Adm. Code, the property owner must sign the application. If the well operator will install a well on property that he or she does not own, the property owner must also sign the application. Otherwise, an agent of the owner may sign the

Unsigned and incomplete applications will not be approved.

By signing this form, the person signing this application certifies that to the best of his or her knowledge, all existing well installations on the property comply with ch. NR 812, Wis. Adm. Code. The person also certifies that to the best of his or her knowledge, all information in the application is accurate and correct.

DARRY GRAHAM	Check B	ox  Agent of the Owner
Application submitted Molt completed to the time.	Roberto Elvergatio	n 29 Oct 13
Application submittal. Mall completed application an Section - DG/2, PO Box 7921, Madison WI 53707-7	JZ1.	
Definitions from Wisconsin Administrative Codes		化氯化物 医隐瞒性 医乳球性 医乳性腹膜炎病 化橡胶 医皮肤
*Llich consette units		<u>and the comment of the first of the second </u>

"High capacity well" means a well constructed on a high capacity property. [NR 812.07(51)]

"High capacity property" means one property on which a high capacity well system exists or is to be constructed. [NR 812.07(52)]

"High capacity well system" means one or more wells, drillholes or mine shafts used or to be used to withdraw water for any purpose on one property, if the total pumping or flowing capacity of all wells, drillholes or mine shafts on one property is 70 or more gallons per minute based on the pump curve at the lowest system pressure setting, or based on the flow rate. [NR 812.07(53)]

"Public water system" means a system for the provision to the public of piped water for human consumptions if such system has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days per year. A public water system is either a community water system or a non-community water system. Such system includes: (a) Any collection, treatment, storage, and distribution facilities under control of the operator of such system and used primarily in connection with such system, and (b) Any collection or pretreatment storage facilities not under such control which are used primarily in connection with such system. [NR 812.07(80)]

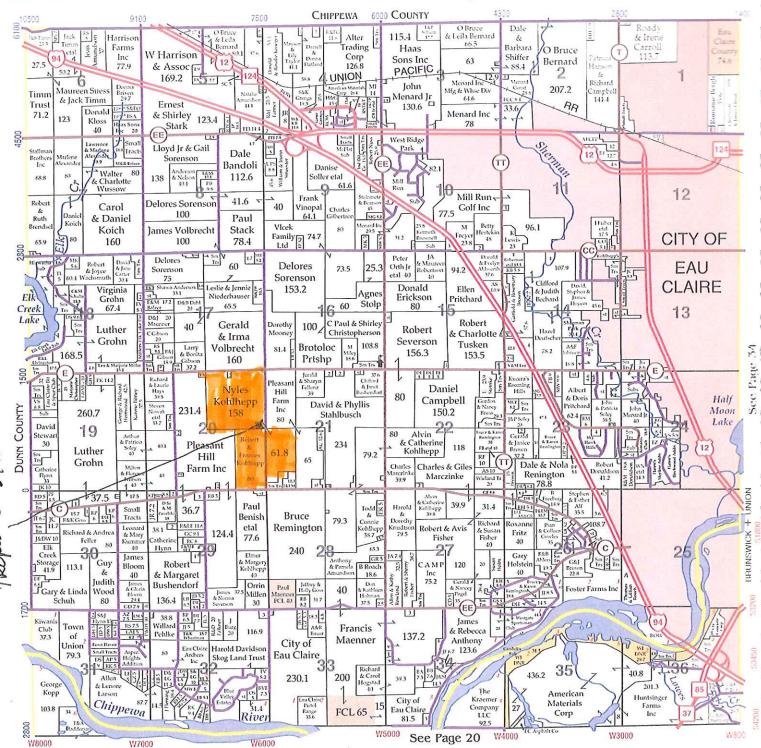
"School" means a public or private educational facility in which a program of educational instruction is provided to children in any grade or grades from kindergarten through the 12th grade. Water systems serving athletic fields, school forests, environmental centers, home-based schools, day-care centers and Sunday schools are not school water systems. [NR 812.07(94)]

"Wastewater treatment plant" means any facility provided for the treatment of sanitary or industrial wastewater or both. The following types of facilities are excluded: (a) Facilities defined as private sewage systems in s. 145.01(12), Stats. (b) Pretreatment facilities from which effluent is directed to a public sewer system for treatment. (c) Industrial wastewater treatment facilities which consist solely of a land disposal system. [NR 114.03(14)]

## Union (N), Brunswick (N)



### T.27N. - R.10W.





# EAU CLAIRE COUNTY 4-H

A Community Affair

It takes all ages working together... Let 4-H Build on YOUR Experience.

Become a 4-H Volunteer Leader

If you would like to be a volunteer leader, contact the Eau Claire County Extension office at: 715-839-4712